

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

NOTICE TO KNOWN CREDITORS

FILE NO.

Estate of _____

TO: _____

Name

Address

City, state, zip

The fiduciary believes you may be a creditor of the estate. The attached notice to creditors was published _____ .
Date

You have 4 months from the above date of publication or 1 month from the date this notice is sent to you, whichever is later, to present your written claim or it will be forever barred. You may use the Statement and Proof of Claim (Form PC 579) to submit your claim. The written claim must be timely delivered or mailed to the fiduciary listed below. You may also send it to the probate court for filing along with a filing fee of \$15.00. You may also commence a suit against the estate in a court.

Date

Name of fiduciary to whom claim should be presented

Attorney name (type or print)

Bar no.

Title

Address

Address

City, state, zip

Telephone no.

City, state, zip

PROOF OF SERVICE

I certify that on _____ I served a copy of this notice on the creditor by
Date

- ☐ delivering personally to the creditor.
☐ mailing, with postage prepaid, to the address indicated in this notice.

I declare that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Do not write below this line - For court use only